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CONFIRMATION NO. 8594

<b>SERIAL NUMBER</b> 10/722,370	<b>FILING OR 371(c) DATE</b> 11/25/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> CT/03-015	
<b>APPLICANTS</b> Kevin P. Cowan, Allison Park, PA;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/25/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 156	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 21140					
<b>TITLE</b> SYRINGE AND SYRINGE PLUNGERS FOR USE WITH MEDICAL INJECTORS					
<b>FILING FEE RECEIVED</b> 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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